



Form A - Application for Leave of Absence

You must notify the Millville Public Schools Human Resources Office **at least thirty (30) days prior to the commencement** of your leave of absence. **Extended leaves are those expected to last more than ten (10) working days.** Union contract and applicable Federal and State law govern these leaves. Your eligibility for leave will be determined after receiving this form and all relevant supporting documentation. Your leave **will not** be **accepted** until complete. You will be notified of your leave status by mail/email.

Leave Information -- Print Legibly

Name: _____ Employee # _____
Address: _____ Job Title: _____
City, Zip _____ Building: _____
Home #: _____ Cell #: _____ I have taken a leave before? YES or NO

Designate the Period of Leave Requested

Requested Leave Start Date: _____ **Expected Return** to Work Date: _____

N.J. Family or Federal Medical Leave Act _____ **Number of Weeks requesting (up to 12 weeks)**

Select the Type of Leave You Are Requesting:

- | | |
|--|--|
| <input type="checkbox"/> Medical Leave | Form WH380E |
| <input type="checkbox"/> Medical Leave (Unpaid) | Form WH380E and NONFMLA00 |
| <input type="checkbox"/> Illness in the Immediate Family | Form WH380F and/or FL1 |
| <input type="checkbox"/> Intermittent Leave | Form WH380E |
| <input type="checkbox"/> Intermittent Leave (family) | Form WH380F and/or FL1 |
| <input type="checkbox"/> Military Service Leave | Attach military orders or commander's letter |
| <input type="checkbox"/> Parental Leave (Birth of a child) | WH380E and/or FL1 |
| <input type="checkbox"/> Parental Leave (Non-Birth Only) | Attach legal documentation of adoption or foster placement |
| <input type="checkbox"/> Medical Extension | Form ext01 or NONFMLA01 |

Reason/Medical Documentation to support your request (please attach)

Medical Clearance will be required to reinstate your employment from any type of medical leave

Completed by Human Resources Department

Hours worked in the past 12 months?

<input type="checkbox"/> Paid Sick Days	Begin Date:	End Date:
Sick Days Used:	Vacation Days Used:	Personal Days Used:
<input type="checkbox"/> Approved for FMLA		
<input type="checkbox"/> Family Leave	Begin Date:	End Date:
<input type="checkbox"/> Unpaid Leave	Begin Date:	End Date:

Return Date:
(as per contract)

Employee Signature

Date

Assistant Superintendent's
Signature

Date